

NATIONAL NURSING EDUCATION INITIATIVE (NNEI) APPLICATION

For Nurses Enrolled in or Formally Accepted to an Education or Training Program

DIRECTIONS: Carefully read these directions before completing the application.

1. This application is to be used only by Department of Veterans Affairs (VA) Registered Nurses who are already enrolled in or who have been accepted to accredited education programs leading to baccalaureate degrees in nursing, or advanced degrees in nursing or related fields.
2. To be considered for the NNEI, applicants will complete Sections 1, 2 and 3 of the application, and forward it to the NNEI Program Coordinator.
3. After reviewing and validating the information, the NNEI Program Coordinator will forward the application to the Selection Committee.
4. The NNEI Selection Committee will use this information for initial applicant screening, and to prepare the Facility Funding Request for review by the facility Director or designee.
5. Following notification of the funding allocation by Health Care Staff Development and Retention Office (HCSDRO), the facility Director or designee will sign each approved application in Section 3, Authentication.
6. A copy of the authenticated application and the original contract, signed by the student will be forwarded to HCSDRO for final acceptance and signature. Once the Director, HCSDRO executes the contract, it will be returned to the local NNEI Program Coordinator. The Program Coordinator will ensure that a copy of the contract is provided to the scholarship recipient, the original is placed in the Official Personnel Folder and that copies are placed in appropriate local files. ***NOTE: Any questions, may be referred to HCSDRO at (504) 589-5267.***

PRIVACY ACT NOTICE

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. 7601-7625 in order for VA to determine your eligibility to receive a scholarship award. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has an interest; the administration of VA training and scholarship programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide this information to VA, but if you do not, VA will be unable to process your request for a scholarship. If you give VA your social security number, VA will use it to obtain information relevant to determining whether to grant a scholarship, and to administer your scholarship, if awarded. It also may be used for other purposes authorized or required by law.

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NOTE: Print or type all entries in Sections 1 and 2.

Section 1 - General Identification Information and Educational History.

1. Facility Name				2. Facility Number	
3. Last Name		4. First Name			5. Middle Initial
6. Social Security Number		7. Home Phone (include area code)		8. Work Phone (include area code)	
9. VA Employment Status (Check one only)		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	10. CODES	Occupational Series Code	Title Code
11. Current Job Title					
12. Current Grade (Check one only)					
<input type="checkbox"/> Nurse I <input type="checkbox"/> Nurse II <input type="checkbox"/> Nurse III <input type="checkbox"/> Nurse IV					
13. Name of Rating Official				14. Official's Work Phone (include area code)	
15. Highest Degree Obtained (Check only highest completed)					
<input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> BSN <input type="checkbox"/> MS <input type="checkbox"/> Ph.D.					
16. Total Number of Semester Hours Accumulated to Date: (Note: to convert Quarter Hours to Semester Hours, multiply the number of Quarter Hours by two-thirds)					

Section 2 - National Nursing Education Initiative Enrollment Information.

17. Degree Sought via the NNEI (Check one only)			
<input type="checkbox"/> BSN <input type="checkbox"/> MS <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other (Specify)			
18. Program Start Date (MM/DD/YYYY)		19. Estimated Program Completion Date (MM/DD/YYYY)	
20. Type Program (Check one only)			
<input type="checkbox"/> A. Traditional programs consisting of curricula offered in a campus setting. <input type="checkbox"/> B. Non-Traditional programs consisting of curricula offered in off-campus settings (e.g., distance learning via the Internet).			
21. Program Description			
22. Name, Address, City, State and Zip Code of Educational Institution(s) where accepted or enrolled. Attach a copy of your Letter of Acceptance, or a copy of an official transcript.			
22a. Educational Institution Name		22b. Address (City, State, Zip)	
23. Complete the following if you are enrolled in or have been accepted to an education program that is supported by your VISN			
23a. VISN/STN No.	23b. Course Name (or other Identification)	23c. Start Date	23d. End Date (MM/DD/YYYY)

24. Total Number of Semester Hours Required to Complete Program. (Note: To convert Quarter Hours to Semester Hours, multiply the number of Quarter Hours by two-thirds)	25. Attendance Schedule (Check one only) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Full-Time <input type="checkbox"/> 3/4 time <input type="checkbox"/> 2/3 time </div> <div> <input type="checkbox"/> 1/2 time <input type="checkbox"/> 1/3 time <input type="checkbox"/> 1/4 time </div> <div> <input type="checkbox"/> Other (Specify) </div> </div>
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26. Estimated Total Program Tuition Costs by Type of Educational Institution		
26a — Type of Educational Institution	26b - Estimated Tuition Costs	26c - Total Semester Hours Required
Traditional		
Non-Traditional		
TOTAL OF COLUMNS 26b AND 26c		

27. Estimated Total Other Reimbursable Program Costs.	(Total all non-tuition allowable expenses)
28. Estimated Total Program Costs	= (Total of 26b plus Item 27 Total)
29. Average Cost per Semester Hour	= (Total in Item 28 divided by total 26c)

30. Estimated Program Fiscal Year (FY) Contracted Educational Costs (Note: FY total includes all tuition and other allowable expenses)						
Type of Educational Institution	FY	FY	FY	FY	FY	FY
Traditional						
Non-Traditional						
FY COLUMN TOTALS:						

31. Estimated Total Program Costs (Note: Total must equal Item 28, Total Program Costs)	= (sum of all Item 30 FY Column Totals)
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32. Do you have a Mentor? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, go to Item 33	32a. Name of Mentor	32b. Title of Mentor
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33. Working Condition Flexibility	33a. Will special working condition arrangements be required to support your NNEI attendance requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	33b. If the answer to 33a is Yes, briefly describe the arrangements required.	
	33c. If arrangements are required, have they been implemented yet? (Check one only) <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 3 - AUTHENTICATION (When completed, forward copy to HCS DRO.)

CONSENT: I authorize the educational institution in which I am, or will be, enrolled to release to VA information regarding my enrollment status and academic standing, including grade point average, both now and while I am participating in the VA Employee Incentive Scholarship Program. I understand that this authorization is voluntary, and that I may revoke this consent at any time. However, I further understand that if I voluntarily revoke this authorization after the award of the scholarship, my scholarship award will be terminated and I will be liable for the damages in accordance with provisions of Section 7675, Title 38, United States Code.

Signature of Employee	Date
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I hereby certify that I have reviewed this application and recommend the applicant named above for participation in the National Nursing Education Initiative	
Signature of Director or designee	Date